LOCAL TELEPHONE COMPANY

ANNUAL REPORT

OF THE

AUDIT SECTION

Broadview Networks, Inc.
(Here show in full the exact corporate, firm or individual name of the respondent)

LOCATED AT 1018 West 9th Ave., King Of Prussia, PA 19406

(Here give the location, including street and number of the respondent's main business office within the State)

COMPANY #_____

2912

(Here give the APSC-assigned company number)

TO THE

ARKANSAS PUBLIC SERVICE COMMISSION



COVERING ALL OPERATIONS

FOR THE YEAR ENDING DECEMBER 31, 2016

LETTER OF TRANSMITTAL

To:

Arkansas Public Service Commission

Post Office Box 400

Little Rock, Arkansas 72203-0400
Submitted herewith is the annual report covering the operation of Broadview Networks, Inc.
of)18 West 9th Ave., King Of Prussia, PA 194(for the year ending December 31, 2015. This report is submitted in
(Location) accordance with Section 51 of Act 324 of the 1935 Acts of Arkansas.
The following report has been carefully examined by me, and I have executed the verification given below.
Javeoch Larger (Signature)
(Signature)
Manager, Regulatory & Compliance (Title)
VERIFICATION
STATE OF Pennsylvania)) ss.
COUNTY OF Montgomery)
I, the undersigned, Jarrod Harper - Manager, Regulatiry & Compliance of the (Name and Title)
Broadview Networks, Inc. , on my oath do say that the following report has
(Company) been prepared under my direction from the original books, papers, and records of said utility: that I have
carefully examined the same, and declare the same a complete and correct statement of the business and
affairs of said utility in respect to each and every matter and thing set forth, to the best of my knowledge,
information, and belief; and I further say that no deductions were made before stating the gross revenues, and that accounts and figures contained in the foregoing statements embrace all of the financial transactions
for the period in this report.
Javor Narper
(Signature)
Subscribed and sworn to before me this 8th
day of
My Commission Expires Quine 3, 2017
COMMONWEALTH OF PENNSYLVANIA Notarial Seal
Monica A. Downey, Notary Public Upper Merion Two Montage Public
My Commission Expires June 3, 2017 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES My Commission Expires June 3, 2017 (Signature of Notary)

GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

1	Two (2) copies of this report, properly filled out and verified shall be filed with the Utility Division of the Arkansas Public Service Commission, Little Rock, Arkansas, on or before the 31st day of March following the close of the calendar year for which the report is made.
2	The word "respondent" in the following inquiries means the person, firm, association or company in whose behalf the report is made.
3	If any schedule does not apply to the respondent, such fact should be shown on the schedule by the words "not applicable."
4	Except in cases where they are especially authorized, cancellations, arbitrary check marks, and the like must not be used either as partial or entire answers to inquiries.
5	Reports should be made out by means which result in a permanent record. The copy in all cases shall be made out in permanent black ink or with permanent black typewriter ribbon. Entries of a contrary or opposite character (such as decreases reported in a column providing for both increases and decreases) should be shown in red ink or enclosed in parentheses.
6	This report will be scanned in. Please bind with clips only.
7	Answers to inquiries contained in the following forms must be complete. No answer will be accepted as satisfactory which attempts by reference to any paper, document, or return of previous years or other reports, other than the present report, to make the paper or document or portion thereof thus referred to a part of the answer without setting it out. Each report must be complete within itself.
8	In cases where the schedules provided in this report do not contain sufficient space or the information called for, or if it is otherwise necessary or desirable, additional statements or schedules may be inserted for the purpose of further explanation of accounts or schedules. They should be legibly made on paper of durable quality and should conform with this form in size of page and width of margin. This also applies to all special or unusual entries not provided for in this form. Where information called for herein is not given, state fully the reason for its omission.
9	Schedules supporting the revenue accounts and furnishing statistics should be so arranged as to effect a division in the operations as to those inside and outside the state.
10	Answers to all inquiries may be in even dollar figures, with cents omitted and with agreeing totals.
11	Each respondent should make its report in duplicate, retaining one copy for its files for reference, in case correspondence with regard to such report becomes necessary. For this reason, several copies of the accompanying forms are sent to each utility company concerned.

Give the name, title, office address, telephone number and e-mail address of the person to whom any correspondence concerning this report should be addressed:						
Name Jarrod Harper	Title Mgr., Regulatory & Compliance					
Address 1018 West 9th Ave., King Of Prussia	, PA 19406					
Telephone Number 610-755-4446						
E-Mail jharper@broadviewnet.com	E-Mail jharper@broadviewnet.com					
Give the name, address, telephone number and e-mail address of the resident agent:						
Name The Corporation Company Telephone Number 215-567-7397						
Address 425 West Capitol Ave., Ste. 1700, Litt	tle Rock, AR 72201					
E-Mail ctphilal@wolterskluwer.com						

IDENTITY OF RESPONDENT

1.	Give the exact n word "The" only					(no	wr	in law at th	ne close of the year.	Use the initial
	Broadview Netw	orks, Inc.								
2.		e close of th	е уе	ear,					rkansas business off eign corporation, the	
	(a)					(b))	1018 West	t 9th Ave., King Of	Prussia, PA 19
3.	Indicate by an x organization und								red, and (b) the type the year.	of
	(a) () Elec	tric,	()	Gas,	()	Water,	(X) Telephone, () Other
	(b) () Prop (X) Corp	orietorship, ooration,	(Partnership, Other (descr				Association,	
4.									nd (b) name of the p est at the close of the	
	(a) N/A									
	(b) N/A									
5.		ion of the ge	nera	al la	aw under whi				ated, (b) date of inco as incorporated, or, i	
	(a) New York									
	(b) 12/2/1999									
	(c)									
6.	State whether or of Arkansas undo and, if so, give fu	er a name o	r na	du me	ring the year es other than	cor tha	ndı t s	ucted any p hown in res	art of its business wi sponse to inquiry No.	ithin the State 1 above,
	No									

7.	for	te whether respondent is a consolidated or merged company. If so, (a) give date and authority each consolidation or merger, (b) name all constituent and merged companies, and (c) give like ticulars as required of the respondent in inquiry No. 5 above:	
	(a)	N/A	
	(b)	N/A	
	(c)	N/A	
8.	(b) the	te whether respondent is a reorganized company. If so, give (a) name of original corporation, date of reorganization, (c) reference to the laws under which it was reorganized and (d) state occasion of the reorganization, whether because of foreclosure of mortgage or otherwise, ng full particulars.	
	(a)	N/A	
	(b)	N/A	
	(c)	N/A	
	(d)	N/A	
9.		s respondent subject to a receivership or other trust at any time during the year? o, state:	No
	(a)	Name of receiver or trustee:	
	(b)	Name of beneficiary or beneficiaries for whom trust was maintained	
	(c)	Purpose of the trust:	
	(d)	Give (1) date of creation of receivership or other trust, and (2) date of acquisition of respondent: (1) (2)	
10.		the respondent act in any of the capacities listed in Paragraph (a) below during the tyear? No If so,	
	(a)	Indicate the applicable one by an X in the proper space:	
		 () Guarantor, () Surety, () Principalobligor to a guaranty contract. 	
	(b)	Insert a statement showing the character, extent, and terms of the primary agreement or obligation, including (1) names of all parties involved, (2) extent of liability of respondent, whether contingent or actual, (3) extent of liabilities of the other parties, whether contingent or actual, and (4) security taken or offered by respondent.	

DIRECTORS

Give the name and office addresses of all directors at the close of the year, and dates of beginning and expiration of terms. Chairman (*) and Secretary (**) marked by asterisks.

Name of Director	Office Address	Date of Term		
	Office Address	Beginning	End	
Jeffrey A. Brodsky *	800 Westchester Ave., Ste. N501	11/12	No end date	
II,	Rye Brook, NY 10573			
James V. Continenza **	800 Westchester Ave., Ste. N501	11/12	No end date	
	Rye Brook, NY 10573			
John R. Brecker	800 Westchester Ave., Ste. N501	11/12	No end date	
	Rye Brook, NY 10573			
Anthony M. Abate	800 Westchester Ave., Ste. N501	11/12	No end date	
	Rye Brook, NY 10573			
Richard J. Santagati	800 Westchester Ave., Ste. N501	11/12	No end date	
	Rye Brook, NY 10573		l condition	
James N. Chapman	800 Westchester Ave., Ste. N501	11/12	No end date	
	Rye Brook, NY 10573		l	

PRINCIPAL OFFICERS AND KEY MANAGEMENT PERSONNEL

Give the title of the principal officers, managers and key personnel, the names and office addresses of persons holding such positions at the close of the year.

Title	Name of person holding office at close of year	Office Address
President	Michael Robinson	800 Westchester Ave. Ste. N501
Freasurer	Corey Rinker	Rye Brook NY 10573 800 Westchester Ave. Ste. N501
Secretary	Charles Hunter	Rye Brook NY 10573 800 Westchester Ave. Ste. N501 Rye Brook NY 10573
		Tryo Brook WT 10070

GROSS ASSESSABLE REVENUES					
Description Amount					
ARKANSAS GROSS ASSESSABLE REVENUES (excluding Interstate Tolls)	\$26,140				

LOCAL EXCHANGE SERVICE STATISTICS

ACCESS LINES	ARKANSAS
Residence	
Business	125
TOTAL RESIDENTIAL & BUSINESS ACCESS LINES	125
PBX Access Lines	
Coin or Credit Card Paystation Access Lines	
Company Official Access Lines (Numbers)	
TOTAL ACCESS LINES	125

STATEMENT OF ACCURACY

I do hereby state that the amounts contained in this report are true and accurate, schedules have been cross-referenced by use of the attached check list, and that the accuracy of all totals has been verified by me or under my supervision. Should I or anyone under my supervision become aware of any error in or omission from this report, I will take steps to notify the Arkansas Public Service Commission of such error or omission and provide corrected schedules as soon as possible.

Michael Robinson

MuraXM

President/General Manager

COMPANY CONTACTS

	Company Information				
Company Name	Company Name Broadview Networks, Inc.				
dba					
Official Mailing Address	1018 West 9th Ave., King Of Prussia, PA 19406				
Mailing Address for APSC Annual Assessment Invoice	1018 West 9th Ave., King Of Prussia, PA 19406				

AREA	PERSON TO CONTACT	PHONE #	FAX#	E-MAIL
Annual Report	Jarrod Harper	610-755-4446	347-287-0845	jharper@broadviewnet.com
APSC Annual Assessment	Jarrod Harper	610-755-4446	347-287-0845	jharper@broadviewnet.com
Tariffs	Jarrod Harper	610-755-4446	347-287-0845	jharper@broadviewnet.com
Property Taxes				
Regulatory Affairs	Jarrod Harper	610-755-4446	347-287-0845	jharper@broadviewnet.com

Please list the number of utility employees located in Arkansas	